

**IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA
NORTHERN DISTRICT**

THOMAS ANDREW HOLLIS,

Plaintiff,

vs.

**CIVIL ACTION NO. 2:06-CV-814-WKW
(WO)**

**TINA ELLIS, LT. LAMAR, HERBERT
JOHNSON AND WARDEN ATTISON,**

Defendants.

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**REPORT BY DEFENDANTS, LT. LAMAR, HERBERT JOHNSON
AND WARDEN ATTISON TO ABOVE-STYLED ACTION**

COMES NOW the Defendants, LT. LAMAR, HERBERT JOHNSON (correctly named JAMES JOHNSON, and WARDEN ATTISON (corrected named CECIL ATCHISON), in the above-styled cause and after a review of the subject matter of the Complaint provides to this Honorable Court a report as requested by Order dated the 14th day of September, 2006.

A. FACTS AND CIRCUMSTANCES

The Plaintiff, THOMAS ANDREW HOLLIS, was incarcerated in the Autauga County Metro Jail from August 18, 2006 until September 11, 2006.

The Plaintiff's complaint revolves around his claim that his medical conditions were not being adequately treated through the denial of medications.

See attached statements of Sheriff James Johnson and Deputy Sheriff Larry Nixon attached hereto as Exhibits "A" and "B" and made a part hereof and which provides a summary of the facts and circumstances surrounding this matter.

B. CORRECTIVE ACTION BY PRISON OFFICIALS

The Autauga County Sheriff's Office does not see a need to take any corrective action since it feels that its present policies and procedures dealing with inmate medical treatment is appropriate. Since the items directly concerning Tina Ellis do not address any items to the Defendants herein, no further statements will be made concerning same.

C. OTHER COMPLAINTS

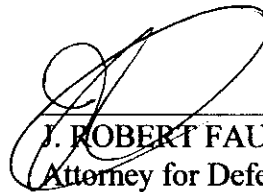
The other complaints known to the Defendant:

NONE.

D. ADDRESS OF PLAINTIFF

The Plaintiff is no longer incarcerated in the Autauga County Metro Jail and did not leave a forwarding address to send a response to this matter.

DATED: October 10, 2006



J. ROBERT FAULK (FAU002)
Attorney for Defendants

OF COUNSEL:
McDOWELL, FAULK & McDOWELL, L.L.C.
Attorneys at Law
145 West Main Street
Prattville, AL 36067
(334) 365-5924 Telephone
(334) 365-6016 Facsimile
robert@mcdowellfaulk.com

CERTIFICATE OF SERVICE

I hereby certify that I have on the 10th day of October, 2006 I did not serve a copy of the foregoing on Mr. Thomas Andrew Hollis because he is no longer an inmate in the Autauga County Metro Jail and he did not leave a forwarding address:

Mr. Thomas Andrew Hollis

Address is otherwise unknown.



J. ROBERT FAULK

EXHIBIT "A"

STATE OF ALABAMA

COUNTY OF AUTAUGA

AFFIDAVIT OF SHERIFF JAMES JOHNSON

BEFORE ME, the undersigned, a Notary Public in and for said County and State personally appeared JAMES JOHNSON, whose name is signed to the Affidavit and who is known to me and who being by me first duly sworn, doth depose and say as follows:

My name is JAMES JOHNSON and I am the Sheriff of Autauga County, Alabama. I have been the Sheriff for fifteen and one-half (15 ½) years.

The purpose of this Affidavit is to provide to this Honorable Court the facts and circumstances surrounding a Complaint filed in this Court by THOMAS ANDREW HOLLIS by Civil Action No. 2:06-CV-814-WKW.

Thomas Andrew Hollis was a federal inmate incarcerated in the Autauga County Metro Jail from only August 18, 2006 to September 11, 2006. He files this Complaint with this Honorable Court alleging inadequate medical treatment by Sheriff James Johnson, Lt. Lamar and Warden Atchison. He also alleges inadequate medical care against Tina Ellis, an employee of Southern Health Partners.

Since the only complaint against myself or employees of the Autauga County Metro Jail is an allegation concerning inadequate medical treatment, I will address only that item. It is true that the inmate had some health problems when he was incarcerated in the Autauga County Metro Jail. As such, I am enclosing copies of Mr. Hollis' medical files which are attached hereto as Composite Exhibit "C" and made a part hereof and which contain the following records:


1. Master Problem List.

2. Refusal of Treatment and Release of Responsibility
3. Physician's Orders
4. Progress notes.
5. Hospital Records
6. Inmate Sick Call Slip-Medical Request
7. Flow Chart of Alcohol/Drug Withdrawal
8. Initial Inmate Assessment
9. Previous Medical Summary
10. Medication Administration Records

Our jail is a narcotic free facility. This means that when an inmate is housed in our jail and was previously on a narcotic prescription, Dr. Kenneth Nichols, jail physician, will substitute a non-narcotic medication for the narcotic medication. Apparently, Mr. Hollis is complaining because he is not receiving his "brand name" prescriptions. However, as is evident from the Medication Administration Records attached hereto, Mr. Hollis is receiving substantial amounts of medication.

In addition to the above and as further explanation, inmates are provided medical care by Dr. Nichols and administered by Southern Health Partners. They fill out a doctor's slip and the inmate is treated either by a nurse provided by Southern Health Partners or by Dr. Nichols, as the case may be. Dental care is provide by Dr. J. Ronald Roberson under the same conditions as medical care is provided by Dr. Nichols.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 10th day of October, 2006.



JAMES JOHNSON
Sheriff
Autauga County, Alabama

SWORN TO and SUBSCRIBED before me on this the 10th day of October, 2006.



NOTARY PUBLIC

My Commission Expires:

J. ROBERT FAULK
A Notary Public of Alabama
My Commission Expires August 11, 2007

EXHIBIT "B"

STATE OF ALABAMA

COUNTY OF AUTAUGA

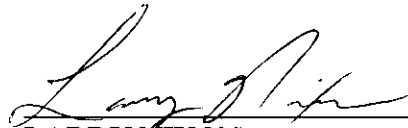
AFFIDAVIT OF DEPUTY SHERIFF LARRY NIXON

BEFORE ME, the undersigned, a Notary Public in and for said County and State personally appeared LARRY NIXON, whose name is signed to this Affidavit and who is known to me and who being by me first duly sworn, doth depose and say as follows:

My name is LARRY NIXON and I am a Deputy Sheriff for Autauga County, Alabama. I have been a Deputy Sheriff for 12 years. I am also the Chief Jailer for the Autauga County Metro Jail.

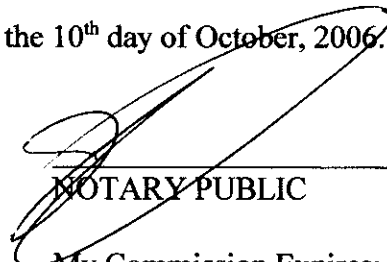
I have read the Affidavit of Sheriff Johnson and concur in his report and to the accuracy thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 10th day of October, 2006.



LARRY NIXON
Chief Jail
Autauga County Metro Jail
Autauga County, Alabama

SWORN TO and SUBSCRIBED before me this the 10th day of October, 2006.



NOTARY PUBLIC
My Commission Expires:
J. ROBERT FAULK
A Notary Public of Alabama
My Commission Expires August 11, 2007

Southern Health Partners
MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name (Last/First/Middle): Hollis Thomas Andrew
 ID#: 36633 DOB: 06/19/06 Sex: M Intake Date/s: 8/18/06

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
8/20/06	Seizures			
8/20/06	Mental Health			N
				N

H & P Date: 8/20/06 Allergies: Reglan
 PPD Test Date: 5/31/06 PPD Results Date: unknown PPD Results: 0 mm
not done here

Facility Name: Centanga Metro Jail
Revised 02/18/04 J.C.

Southern Health Partners, Inc.

Confidential

Refusal of Treatment
and
Release of Responsibility

Inmate's Name: Hollis, Thomas
 Date of Birth: 6-19-67 Social Security No.: 419-17-6906
 Date: 9/7/06 Time: 5:30 a.m./p.m. (p.m.)

This is to certify that I, Thomas Hollis
 currently in custody at the Antauga Co. Metro Jail
(Print Inmate's Name)
(Print Facility's Name)

I have been told about the risks of refusing treatment for my current medical condition and acknowledge that I understand all medical information, current diagnosis, and future procedures that have been explained to me.

I am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical treatment regarding my current condition, I will notify the medical staff immediately. I understand the limitations of treatment that may have been based on my refusal of prior treatment.

Therefore, I release Southern Health Partners, Inc., its staff, the facility and its staff and administrator(s) from all responsibility and I assume personal responsibility for the conditions that may occur as a result of my refusing treatment as prescribed by the medical staff of the facility and/or outside consultation services.

I WASN'T GIVEN HADDO ARTAINE
WITH MY HADDO, FOREVER, I
CAN'T TAKE IT
 Signature of Inmate

JE MTA
 Signature of SHP Medical Representative

Charles Tatom - Fed Marshal
 Witness

9-11-06
 Date

cc: Confidential Medical File
 Jail Administrator

3712 Ringgold Road, #364
 Chattanooga, TN 37412
 423-553-5635 Phone
 423-553-5645 Fax

Facility: Antaunga
County
Jail

Inmate Name: Hollis, Thomas
SS#: 419-17-0906
DOB: 6-19-67
Allergies: Reglan

Date: 8-20-06

Benadryl 25 mg. $\dot{\bar{t}}$ BID \times 3 days
Clonidine 0.1 mg $\dot{\bar{t}}$ BID

Clonidine 0.1mg $\dot{\bar{r}}$ BID x 3 days
BPV + A/D w/o fluclo. $\dot{\bar{r}}$ BID x 3 days

M.D. Sig:

Date: 8-29-06

Flexeril 10mg BID, IBU 800
mg- BID x 10 days post tx procedure

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
9/7/06	<p>39 yo W^M says he was dx'd w/ liver CA ~ 10 mos ago in Prison in North Carolina. Also has a h/o Hepatitis C. 4 or 5 mos ago went to hospital in Enterprise. He's real nervous. Has back pain & has burning in @ side of abdomen. Was in Mtz City before he got here & in Prison in NC before that. In prison was on Klonopin, methadone, Testosterone, elevilo. Other medical h/o, psychiatric, back pain.</p>
	<p>PE: / W/D/W NAD. ABENT - sclerae normal. Neck - normal Lungs - clear CV - RRR 5 @ 80g+ Abd - soft ? @ border @ side Ext - neg. No stigmata of liver disease.</p>
	<p>A: Hep C. Alleged liver cancer ? cirrhosis</p>
	<p>Plan → will V on records from Dothan - Discharge summary, H&P. Bilirubin, ALT, AST, GGT, alkaline phosphatase</p>
	<p>Doctor's Signature: _____</p>

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

PROGRESS NOTES

Last Name <u>Hollis</u>	First Name <u>Thomas</u>	Attending Physician <u>Nichols</u>	Room No. <u>5P00</u>	Hosp. No.
Date	Notes Should Be Signed by Physician			
8/23/06	BPV 138/84 Pulse 93. No Anxiety, Sweating or N/V noted. S. Co. PN			
8/24/06	6:45 AM Did not get up for blood pressure check. On/d drug withdrawal protocol due to no S/S ——— SC L/PN			
9/7/06 1:30 pm	<p>I/M attempted suicide by cutting his (R) wrist + claimed he swallowed a razor blade. I/M was sent to E.R. I called Dr. Nichols + he approved + called feds to inform them. Inmate was sent back to jail w/ bandage on (R) wrist + X-ray was negative for foreign objects. I/M stated he just wanted to see blood + wants us to give him the meds he was on when he came here. Doctor from E.R. prescribed meds for I/M, when I tried to give them to him I/M he refused them. I/M is acting very rude + showing his butt. I/M got mad + stripped his clothes off in holding cell up front. Lt. Lamas is gonna put him in a suicide blanket, because he is on suicide watch.</p> <p style="text-align: right;">J, M, A</p>			

PROGRESS NOTES

Last Name Hollis	First Name Thomas	Attending Physician Nichols	Room No. 5P00	Hosp. No.
Date 8/22/06	Notes Should Be Signed by Physician			

8/22/06 Sgt. Stewart Supervisor on 3rd shift called me at home at 12:20 a.m., I/m stated he had had a seizure. I/m could talk plain & clear & I/m could tell Sgt. when it started & what happened. So Sgt. didn't believe I/m had had a seizure. When Sgt. didn't believe that I/m started saying he was having chest pain. In I/m's charts from previous housing facility, it is noted I/m can be very manipulative when he doesn't get the attention he wants. A (Nurse Tina) came to jail to see I/m, I/m was pretending to be dazed. Deputy Sheriff M^{rs} Natt went in I/m's cell w/ me for safety precaution. Officer M^{rs} Natt popped 2 ammonia p/b's under I/m's nose & it didn't seem to bother I/m. I checked his BP & heart rate - BP was $130/80$ & HR was 88. Officer M^{rs} Natt assisted I/m to get out of floor & sit on a stool. I/m couldn't rate his chest pain & stated he didn't know what happened. There was no s/s of any jerking of his body or sweating. The officers got 2 other I/m's to assist I/m Hollis to walk up to holding cell in booking. I/m appeared to be fine after he was put up there. I/m was left there the rest of the night until an nurse got here. I/m was being a nuisance to officers in booking, so he was moved to isolation cell. A came in at 9:30 a.m. & required about I/m, officers said he was fine, so I/m was returned to his regular cell & will continue to be monitored.

Dr. _____

Signature

PROGRESS NOTES

SOUTH
EAST
PRATTVILLE

286-2843
244-8448
361-4239

FO625000575 HOLLIS, THOMAS A
DOB: 06/19/67 Age: 39Y MR #: 193748
Admit Date/Time: 09/07/06 1406P
916 SHAW, RONALD A

ER PRESCRIPTION & DISCHARGE INSTRUCTION

Page 1 of 3

PRESCRIPTION FORM

Weight	Phone	Allergies
MEDICINES PRESCRIBED If non, check this box: <input type="checkbox"/> VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND		

Name/Strength	Number	Schedule / Duration	No Refills	Refills
1. HALDOL	60	T BID	<input checked="" type="checkbox"/>	
2. ARTANE	60	T BID	<input checked="" type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Dante DeJesus
DEA - BD 9322063
AL 26777

Joel Sullivan
DEA - AS2020066
ARN - 10094

Ronald A. Shaw
DEA - BR2471326
AL - 6388

Julio Enrico Rios
DEA - BR2471326
ARN - 21678

Wallace Felero
DEA - AF1692119
AL - 9405

James M. Bradwell
DEA - BB6422086
AL - 22767

David G. Alexander
DO - 657
AL 3259226

John Moorehouse
DEA - AM6869119
ARN - 7151

Jessie Austin
DEA - AD8394075
ARN - 8585

Julian Mahaganasan
DEA - BM7657121
AL 24516

George Smith
DEA AS2179706
AL 11413

James Thomas
DEA - BT8642988
DO 374

Victoria L. Beckman
DEA - BB6253885
AL - 22440

Carlos Gutierrez
DEA - BG6616203
AL 24653

Joshua Kotouc
DEA - BK9526724
AL 26945

James Matic
DEA BM3360536
AL 17681

David Hines
DEA BH2531160
AL 22708

LABEL ALL PRESCRIPTIONS

No Refills

Product Selection Permitted

M.D./D.O.

Dispense as Written

M.D./D.O.

Referred to:

Dr. Nichols

Phone:

☐ Call on next business day for follow-up appointment
in ___ days / weeks ☐ Next available

☐ Return to Emergency Dept in ___ hours / days for recheck.

☐ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.

☐ Learning needs assessed ☐ Instructions Modified

☒ Education provided on new Medication Artane

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I many have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

X Ch S. Hollis ☐ Patient
☒ Relative
☐ Other

Time Released:

>

11:520 HRS

INSTRUCTED BY:

PHYSICIAN:

WORK/SCHOOL STATEMENT from the Emergency Department

PATIENT

DATE

- ☐ Patient was seen by Dr. _____
- ☐ No athletics / physical education: _____ days
- ☐ May return to work/school without restrictions
- ☐ Will require time off work / school. Estimated time: _____ days*
- ☐ Must be reevaluated by family / occupational physician before returning to school / work.

☐ May return to restricted duties for _____ days*
Restrictions: _____

☐ _____ was here with relative/child.

☐ Other _____

Time off from school or work longer than three days should be approved by a Personal or Company/Occupational Medicine Physician, unless otherwise stated.



ER 160

FORM # ER 16008 REV. 03/07/06



SOUTHERN
HEALTH
PARTNERS

**AUTHORIZATION FOR RELEASE OF MEDICAL
INFORMATION TO CORRECTIONAL FACILITY**

To: Dethan
Enterprise

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

Summary of positive findings, most recent history, physical exam including any diagnostic tests;
Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated;
Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports;
Any other medical/dental/psychiatric services I may have previously had, currently seeking, or
future treatment plans; Other Records: Medical records

anything about liver cancer?

I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the on-going provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.

Please send requested documents
to the following address:

ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

County Name: Autauga County Jail

Street Address: 136 N. Court Street

City/State/Zip: Prattville, AL 36067

Fax: 334-358-4827

Patient Name: Hollis, Thomas Andrew Birth Date: 6-19-67

Social Security Number: 41A-17-0906 Dates of Service(s): _____

Inmate's Signature: X [Signature] Date: 9-6-06

Witness: JE, MTA Date: 9-6-06

Final Privacy Rule (page 62540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jail medical units) can use, request or disclose protected health information about these individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers or employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about these individuals if the correctional institution represents that the protected health information is necessary for these purposes.





INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 5-3-06 Pod/Location: 5 Cell: 502 ID# _____

Inmate's Full Name: THOMAS HOLLIS

Complaint/Problem: I'm having pain on the right side of my stomach
Also without my hormone replacement therapy osteoporosis is starting again. And, I need to see someone about my mental problems

How long have you had this problem? ① About 9 months, I was given methadone for pain
② 13 years ③ 17 years

Inmate's Signature: [Signature] Date: 5-03-06

TO BE COMPLETED BY MEDICAL STAFF:

Obtain Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ BP _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

Seen Donna see Dr. Nichols 9-7-06 - JE, MTA

Received Orders - thru Treatment Protocols; via telephone order; via verbal order

Follow-Up Required? If checked, date to be seen again _____

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit

Seen by Medical: _____ Seen by: _____

Original form in patient's medical record.



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 8/26/06 Facility Location: D-5 Cell: 502 ID# 36633

Inmate's Full Name: Thomas Hollis

Complaint/Problem: Ms TIM I Am IN NEED OF SOMETHING FOR BACK
PAIN. PLEASE! I DONT KNOW WHAT I DO TO IT. WOULD
YOU PLEASE HELP ME OUT

How long have you had this problem?

Inmate's Signature: X [Signature] Date: 8-26-06

TO BE COMPLETED BY MEDICAL STAFF:

Write Patient's Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

Didn't see Inmate, just reviewed records + discussed
with Dr. Nichols. See MD orders

JE, MTA

8-29-06

Received Orders – thru Treatment Protocols; via telephone order; via verbal order

Follow-Up Required? If checked, date to be seen again _____

Chronic Condition _____

Inmate to be charged through medical co-pay for this visit

Seen by Medical: _____ Seen by: _____

Original form in patient's medical record.



FLOW CHART FOR ALCOHOL/DRUG WITHDRAWAL

Report all findings to your Medical Director. Medical Director must review and sign form at next Physician Sick Call. If patient experiences changes or deterioration is noted, notify your Physician immediately for further orders.

Patient's Name: Thomas Hallis DOB: 6-19-67 ID #: 34633

Inmate is being housed where (cell, medical, etc.): Cell (5POD) 502

Start Date of Monitoring: 8/20/06 Stop Date of Monitoring: 8/23/06

Date Time	8-20-06 2:30pm	8-21-06 7am	8/22/06				
Weakness	N/K	N/K	NK				
Restlessness	N/K	N/K	NK				
Sweating	N/K	N/K	NK				
Shakiness/Muscle Twitching	N/K	N/K	NK				
Anxiety (Reported)	Reported	NONE	NK				
BP (Sitting/Standing)	148/97 ^{seated} sitting	114/76 ^{sitting} sitting	139/84 ^{standing} standing				
Pulse (Sitting/Standing)	117	125	93				
Respiration	18	20	20				
Temperature	98.5	98.0	98.6				
Ataxia (Observed)	NO	NO	NO				
Drowsiness	NO	yes	NO				
Vomiting (Reported/Observed)	Reported	NONE	NO				
Nausea	no	no	NO				
Nystagmus	no	no	NO				
Confusion	no	no	NO				
Slurred Speech	no	no	NO				
Nurse Initials	DE	DE	SC				

Comments (time/date & initial)

I/m is very smart mouthed + ill because we won't let him have all his meds - which are narcotics + controlled substances. We are a non-narcotic facility. I/m gets ill + tries to manipulate to get what he wants.

Confidential Medical Information
Southern Health Partners, Inc.

I/m had no visible signs of withdrawal + has had no seizures since being off meds since 8-18-06. DE, MTA

Problems	Yes	No	Problems	Yes	No	F. Items	Yes	No
Vision		✓	Hypertension		✓	Gonorrhea		✓
Hearing		✓	Anemia		✓	Syphilis		✓
Balance/Dizziness		✓	Blood		✓	Muscle Problem		✓
Blackouts	✓		Stomach Pain		✓	Joint Problem		✓
DT's	✓		Heartburn		✓	Arthritis	✓	
Headaches	✓		Ulcer		✓	Other		
Seizures	✓		Nausea/Vomiting	✓	✓	Other		
Nervous Disorder	✓		Gall Bladder		✓	Regular Menstrual Period		
Throat		✓	Liver		✓	Irregular Menstrual Period		
Teeth	✓	✓	Hepatitis <i>Hep C</i>	✓	✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease	✓	✓	Gravida/Para		
Pneumonia		✓	Bladder Infection	✓	✓	Last Pap		
Tuberculosis		✓	Trouble Voiding	✓	✓	Contraception		
Heart		✓	Pediculi (lice)		✓	Other		

EXAM:Age 39 Sex M Race W Ht. 5'10" Wt. 205Pulse 117 BP 148/97 Temp. 98.5 Resp. 18

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.	N	<i>Neck + D/B arms</i>	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum	N	
Head: Glasses Pupils Sclera Conjunctiva Vision	N		Heart: Auscultation Radial pulses Apical pulse Rhythm	N	
Ears: Appearance Canals Hearing	N		Extremities: Pulses Edema Joints	N	
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils	N	<i>have had all teeth</i>	Abdomen: Shape Palpation Hernia Bowel Sounds	N	<i>Hx of chemo + total surgery</i>
Nose	N		Spine	N	
Neck: Veins Mobility Thyroid Carotids Lymph nodes	N		Genital/Urinary System	N	

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	<i>faked for results</i>	<i>Neg.</i>
VDRL / RPR		
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		
General appearance (motor behavior, mannerisms)		
Affect (mood)		
Content of thought, history of suicide, present thoughts of suicide		

Physical Examiner's Signature: *DE, MTA*Date: 8-20-06Physician's Signature: *[Signature]*Date: 8/24/06



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CORRECTIONAL FACILITY

To: Montgomery City Jail

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

Summary of positive findings, most recent history, physical exam including any diagnostic tests;
 Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated;
 Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports;
 Any other medical/dental/psychiatric services I may have previously had, currently seeking, or
 future treatment plans; Other Records: TB Skin Results

FAKED
8-20-06

I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the ongoing provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.

Please send requested documents
 to the following address:

ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

County Name: Autauga County COUNTY JAIL

Street Address: 136 N. Court Street

City/State/Zip: Prattville, AL 36067 Fax: 334-358-4827

Patient Name: Hollis, Thomas Andrew Birth Date: 6-19-67

Social Security Number: 419-17-0906 Dates of Service(s): _____

Inmate's Signature: X [Signature] Date: 8-20-06

Witness: JE, MTA Date: 8-20-06

Final Privacy Rule (page 82540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jail medical units) can use, request or disclose protected health information about these individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers of employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about these individuals if the correctional institution represents that the protected health information is necessary for these purposes.

08/18/06
14:44

AUTAUGA COUNTY METRO JAIL
Initial Inmate Assessment:

610
Page: 1

Booking Number: 36633 Confined
Name Number: 93799 THOMAS ANDREW HOLLIS

Active

Added By: 610 Modified By: 610
Added When: 14:41:19 08/18/06 Modified When: 14:44:34 08/18/06
(See below)

Assessment Text:

Part One: Answer each question based on your observation of the inmate:

1. Is the inmate disoriented, confused, or unconscious?N
2. Does the inmate complain of pain?Y (Inmate states that he has back pain)
3. Does the inmate have visible trauma or bleeding?N
4. Are there visible signs of alcohol or drug influence?N
5. Are there visible signs of withdrawal from alcohol or drugs?N
6. Is there evidence of swelling, infection, or skin marks?N
7. Is there evidence of vermin or jaundice?N
8. Does the inmate carry medications or report being on medications?Y
(Methadone/Klonapine/Androgel)
9. Is behavior suggestive of assault risk for staff or other inmates?N
10. Is the inmate's behavior violent or aggressive?N
11. Do the inmate's wrists have any scars?N
12. Describe special measures you have taken for this inmate:N/A

A65
Booking Officer

CPL QMB
Supervisor

08/18/06
14:47

AUTAUGA COUNTY METRO JAIL
Inmate Medical Assessment:

610
Page: 1

Booking Number: 36633 Confined
Name Number: 93799 THOMAS ANDREW HOLLIS

Active

Added When: 14:45:01 08/18/06 Modified When: 14:47:20 08/18/06
(See below)

Medical Screening Text:

Part One: Ask the inmate the following questions and record the answers:

1. Is this your first time in jail?N
2. Are you or have you been receiving mental health counseling?Y
3. Have you ever thought about committing suicide?Y
4. Are you thinking about it now?N
5. Has anyone in your immediate family committed or attempted suicide?N
6. What medications are you currently taking?Methadone/Klonapine/Androgel
7. Do you have any enemies in this facility?N
8. Are you in need of special care of any kind?N
9. Do you have any diseases now?Y

A65
Booking Officer

X
Inmate

Thomas Hollis

Page: 610
1

Phone: () -

Active

[illegible]

History: (See below)
Notes:

✓ Shobha Recent BACK Surgey,

Yes Explanations:

Allergies:changed from ' ' to 'Y' by BOWMAN RICHARD 14:53:27 08/18/06
Inmate states that he is allergic to Reglan.
Kidney Disease:changed from ' ' to 'Y' by BOWMAN RICHARD 14:54:23 08/18/06
Inmate states that he has cancer in his kidneys.
Liver Disease:changed from ' ' to 'Y' by BOWMAN RICHARD 14:55:37 08/18/06
Inmate states that he has cancer in his liver.
Hepatitis:changed from ' ' to 'Y' by BOWMAN RICHARD 14:56:56 08/18/06
Inmate states that he has Hepatitis "C".
Seizures:changed from ' ' to 'Y' by BOWMAN RICHARD 14:57:24 08/18/06
Inmate states that he has Granmal seizures.
Psychiatric Care:changed from ' ' to 'Y' by BOWMAN RICHARD 14:59:07 08/18/06
Inmate states that he has had recent extensive psychiatric care.

8/18/06
5:26

Receipt for Personal Property Stored

Receipt Number: 4304

Date: 08/18/06

Booking Number: 36633

Property Stored for: THOMAS ANDREW HOLLIS (93799)

, THOMAS ANDREW HOLLIS, certify that on the above date and time, the following personal property was accepted into storage:

ITEM	DESCRIPTION	CASH?	QUANTITY	LOCATN
at	Grey	N	1	C4

Property received by:

A65
BOWMAN RICHARD

Property stored for:

X
THOMAS ANDREW HOLLIS

NAME: Hollis, Thomas
REGISTER NUMBER: 10018-002
CASE NUMBER: 03-186-S
PAGE: 7

February 1998 to April 2003; Medical Center Enterprise records in Enterprise, Alabama, dated August 5, 2003; Casals Clinic records in Montgomery, Alabama, dated June 17, 2003, and BOP medical records dated November 12 to December 18, 2003.

Mr. Hollis was first psychiatrically evaluated in 1989 while incarcerated for possession of marijuana. He reported several depressive symptoms, as well as hearing voices and seeing the devil when attempting to sleep. He also reported a suicide attempt via wrist cutting, but the psychiatrist noted, "apparently he was manipulative at some point and cut his arm in order to draw attention to himself. He is very vague about this and does not give very clear details." The defendant reported active suicidal ideation which appeared to be "most connected to whether or not he goes to prison." Mr. Hollis admitted to cocaine and marijuana use. He was suspicious and guarded. The psychiatrist determined that the defendant viewed himself as the center of the world and viewed authority as "omnipotent and omniscient but with a good/bad split." He diagnosed him with Depressive Disorder NOS with suicidal ideation, substance abuse by history, and borderline personality disorder with depressed and psychotic features. It was recommended that Mr. Hollis be closely monitored for suicide precautions, as well as started on both antidepressant and antipsychotic medication. The psychiatrist noted that Mr. Hollis could become actively suicidal if sent to prison, which would then necessitate psychiatric hospitalization.

From 1992 to 1997, Mr. Hollis was seen numerous times at the Southeast Alabama Medical Center for cluster headaches and low back pain. On one occasion, he requested an injection of narcotics for his headaches, and ripped out his IV after being given alternate medications. A Computerized Tomography (CT) scan of his head in 1992 was normal, as was an electroencephalogram (EEG). Records from a different hospital also indicate that Mr. Hollis requested narcotics for his headaches in 1992. A note from 1993 indicated a positive urinalysis for cannabis, while other records from 1993 indicated that he was taking Restoril. Mr. Hollis was hospitalized for approximately a week in April 1993 after hurting his back while lifting weights. He was diagnosed with a herniated lumbar disk with bilateral radiculopathy and underwent surgery. He returned to the hospital two months later for drug detoxification. Records indicated that Mr. Hollis' mother "slipped" him some Restoril and he was subsequently recommended for a transfer to a more structured environment. The defendant continued to manipulate for drugs, and was diagnosed with Benzodiazepine Dependence, Mixed Substance Abuse (by history), and hypertension. In September 1995, he went to the hospital to be medically cleared for admission into a detoxification facility. Mr. Hollis reported abusing Ativan, Xanax, Restoril, and cocaine. His laboratory results were positive for cocaine and cannabis. In April 1996, he sought services at a different hospital for seizures and was taking Xanax at the time. He was diagnosed with seizure possibly secondary to Xanax withdrawal. In August 1997, Mr. Hollis sought services for difficulties discontinuing his drug use, along with

NAME: Hollis, Thomas
 REGISTER NUMBER: 10018-002
 CASE NUMBER: 03-186-S
 PAGE: 8

suicidal and homicidal ideation. The laboratory results were positive for benzodiazepines, cocaine, and opiates. He was placed on a Klonopin detoxification program, and diagnosed with Depressive Disorder NOS, Polysubstance Dependence, and Personality Disorder NOS. There was no evidence of psychosis. In June 2003, the defendant was seen for hypogonadism as a result of abusing anabolic steroids. He complained of depression due to a low sex drive and had been taking Androgel since April 2003. He was diagnosed with male hypogonadism and the Androgel was continued. Mr. Hollis was also taking LorTab for back pain, and Restoril. In August 2003, Mr. Hollis sought services for elbow pain. He was taking LorTab and Percoset (narcotics) for back pain and reportedly had a tendency to misuse them. He was also taking Androgel. The defendant was diagnosed with likely cellulitis and possible spider bite.

Psychological records from the BOP revealed that in February 1998, Mr. Hollis first reported having a history of depression with past treatment with Sinequan and Xanax. No psychotic behavior was noticed. In June 1998, he complained of anxiety and reported a history of using alcohol, tranquilizers, Valium, and amphetamines. He was diagnosed with Generalized Anxiety Disorder and prescribed Doxepin and Buspar. Mr. Hollis was seen by the psychiatrist on a regular basis and was given different diagnoses. These included Major Depression, Adjustment Disorder with Anxiety, Adjustment Disorder with Depressed Mood, and Narcissistic and Antisocial features. The defendant also reported a history of ADHD, to include the use of Ritalin until age 16, and was then prescribed Wellbutrin to treat both the ADHD and depression. He continually complained of side effects from his medication and was tried on different antidepressants.

While at the U.S. Penitentiary in Atlanta in 2003, Mr. Hollis complained of past hallucinations and agitation. He was diagnosed with probable Bipolar Disorder and prescribed Haldol, Artane, Klonopin, and Benadryl. While at the Federal Transfer Center in Oklahoma, it was noted that the defendant was agitated and yelling about not receiving his psychotropic medication. At FDC SeaTac, Mr. Hollis was seen by the contract psychiatrist and reported experiencing voices and paranoia since age 19. He was observed to have blunted affect, blocking, and psychomotor tension. The psychiatrist diagnosed Mr. Hollis with Paranoid Schizophrenia and Generalized Anxiety and prescribed Haldol, Artane, Klonopin, and Hydroxyzine. Medical services were provided for ringworm; Mr. Hollis also requested continuation of his androgen therapy and testosterone levels were ordered. ★

Collateral: Miriam Hollis, Mr. Hollis's mother, was telephonically contacted on December 16, 2003. She confirmed much of the defendant's history. Mrs. Hollis reported that the defendant is the youngest of four sons, two of whom are deceased, as reported earlier. She stated that she was placed on diet pills while pregnant with Mr. Hollis, in order to prevent a large weight gain and to decrease her length of labor. She reported that she only gained 10 pounds

NAME: Hollis, Thomas
 REGISTER NUMBER: 10018-002
 CASE NUMBER: 03-186-S
 PAGE: 11

Personality Dimensions: Mr. Hollis's MMPI-2 profile was invalid, most probably due to an indiscriminate and exaggerated response style. The PAI was then administered. Again, an exaggerated response style was generated, but not to the degree of invalidating the test. However, the clinical profile is probably an overestimate of Mr. Hollis's symptoms. He endorsed various physical complaints, suspiciousness, unusual perceptions and beliefs, and anxiety. Mr. Hollis is probably an individual who has significant thinking and concentration problems, with a focus on health matters. This is substantiated by the numerous concerns he has voiced about receiving treatment for his hypogonadism. He is highly anxious, which affects his attention and concentration. Interpersonally, Mr. Hollis is suspicious and hypervigilant, questioning the motives of others. He tends to isolate himself and has few close relationships. He also endorsed several depressive symptoms such as anhedonia, worthlessness, and sadness. Mr. Hollis admitted to drug use and associated problems that the drugs have caused. He endorsed personality traits of impulsiveness, lacking a direction in life, and antisocial behaviors. The BDI-II results were corroborative, indicating that Mr. Hollis endorsed levels of severe depression.

Due to concerns about possible malingering with regard to psychotic symptoms, the SIRS was administered. Of eight scales, two were in the Probable Feigning range, but five fell into the Honest range. This profile is consistent with individuals honestly reporting their difficulties. No substantial evidence of exaggeration or feigning was found.

Diagnoses and Prognosis: On the basis of the available information, Mr. Hollis's diagnoses according to the criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) are:

Axis I:	295.70	Schizoaffective Disorder, Depressive Type
	300.02	Generalized Anxiety Disorder
	305.40	Sedative, Hypnotic, or Anxiolytic Abuse
	304.20	Cocaine Dependence, In a Controlled Environment
	305.20	Cannabis Abuse
	305.50	Opioid Abuse
Axis II:	301.7	Antisocial personality traits
Axis III:		Male hypogonadism
		Ringworm

Mr. Hollis is not currently suffering from any acute emotional or mental symptoms with the intensity and duration necessary to meet the DSM-IV criteria for any of the Axis I diagnosable

TO: ALL CONCERNED

DATE: 19 July 2006

INMATE NAME: Thomas Hollis

CELL: C4

() BED REST FROM: _____

TO: _____

() REASON: _____

() CONVALESCENT: List any restricted activity for medical reason _____

() RESTRICTED DUTY: specify exact restriction _____

INSTRUCTIONS/SPECIAL NEEDS: May have an extra Mattress

V.A. Davis #758

AUTHORIZED SIGNATURE

Medical - medical record

Copy - Inmate

Besten - I need a sheet A

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
MTV	6A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
IBU 800mg Bid x 10 days	6AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Fleperil 10mg Bid ordered 8/24/06	6AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Haldol 5mg BID until Released 9/7/06	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Loxentil 1mg BID 9/7/06	6am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	6pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

HARTING FOR 9/1/06		THROUGH 9/30/06	
Physician	Nichols	Telephone No.	Medical Record No.
Att. Physician		Alt. Telephone	
Admissions	Reglan	Rehabilitative Potential	
Medicaid Number	Medicare Number	Approved By Doctor:	
		By:	Title:
RESIDENT	Hollis Thomas	D.O.B.	Date:
		Sex	Room
		M	5Pd
		Patient Code	Admission Date

MEDICATION ADMINISTRATION RECORD

HARTING FOR 8-29-06		THROUGH 8-31-06			
Physician Nichols		Telephone No.		Medical Record No.	
Att. Physician		Alt. Telephone			
Allergies Reglan		Rehabilitative Potential			
Diagnosis					
Medicaid Number		Medicare Number		Approved By Doctor:	
				By: Title: Date:	
RESIDENT Hollis, Thomas		D.O.B.		Sex m	Room # 580D
				Patient Code	Admission Date

PARTING FOR 8-19-06		THROUGH 8-31-06	
Physician Nichols		Telephone No.	Medical Record No.
Physician		Alt. Telephone	
argles Reglan		Rehabilitative Potential	
gnosis			
Medicaid Number	Medicare Number	Approved By Doctor:	
		By:	Title: Date:
PESIDENT Hollis, Thomas	D.O.B.	Sex M	Room # 5000
		Patient Code	Admission Date